EMPLOYEE'S TAX
SKILLS DEVELOPMENT LEVY
UNEMPLOYMENT INSURANCE
FUND CONTRIBUTIONS

Application for **registration**

FOR OFFICE USE

				ı	Nati	ure	of p	ers	on	•
PAYE reference number	7									•
SDL reference number	L									•
UIF reference number	U									•
					A	Area	CO	de		•
		M	agi	ster	ial d	disti	rict			•



An employer is deemed not to have applied for registration until the application form has been completed in full and all the required information and documentation has been furnished.

1. Particulars of person applying for registration

PLEASE USE BLOCK LETTERS			
Nature of person (indicate or	nly 1 option with an "X")	
A. Individual	В. Р	Partnership	C. Company/CC/Share
D. Public/Local authority	E. #	Association not for gain	F. Estate/Liquidation
G. Club	H. V	Welfare Organisation	I. Trust
Initials (Only if nature of person is individual)			
Name (In the case of an individual, only the surname, and in the case of a partnership, company, etc. name of partnership, company, etc.)			
Trading or other name			
Preferred language Income tax reference number		•	English Afrikaans
If not registered for Income Tax	nurposes state reason		
Date of birth	C C Y Y M M D	Identity number	
Registration number of Compan	y/CC/Trust/Fund number		
If not South African resident sta	te country of residence		
Passport number		•	FOR OFFICE USE: Reason code
	erty, furnish particulars of	spouse.	
If married in community of prop	o. c,, . arriiori particulars or		
If married in community of prop Full names			
	STOP, Territoria paracellars of		

2. Particulars of business

Residential address if individual															
											Pos	stal	code		
Home telephone number (for I	ndividuals)													
Physical business address								Т		П					
										Ī					
											Pos	tal	code		
Business telephone number								0	Е						
Facsimile number								0	Е		Х				
Cellular phone number															
E-mail address			П					Τ		Π					T
Website address															T
Postal address					Ť			Ì		İ					Ť
															Ť
								Ť		T	Pos	stal	code		Ť

3. Particulars of other enterprises/branches/divisions State the number of enterprises/branches/divisions if separate enterprises/branches/divisions that also exist in the RSA State the number of enterprises/branches/divisions for which separate registration is required. Furnish the trading or other name and/or employer's reference number (PAYE number) of ALL enterprises/branches/divisions including those for which an application for separate registration will be made on EMP 102e form: Name 7 PAYE number Name 7 PAYE number Name 7 PAYE number Name 7 PAYE number Name PAYE number 7 4. Particulars of exemptions (only for Skills Development Levy) **Particulars of Exemptions** Employers who fall within the categories mentioned below are not liable for the payment of the levy in terms of section 1 of the Skills Development Levies Act, but must however still register in terms of section 5(6) of the aforementioned Act. Kindly mark the appropriate block with an "X" where applicable). Any National/Provincial Public Service employer **Public Benefit Organisations** National/Provincial public entity, if more than 80% of your expenditure is defrayed from funds voted by Parliament Municipalities to whom a certificate of exemption has been granted FOR OFFICE USE 5. Business particulars for Employees Tax purposes State main activity Trade classification codes (Refer to brochure - VAT/PAYE 403) Major division Activity within major division Format of tables required Format in which the PAYE deduction tables are required (Mark only 1 block with an "X") В a) EMP10 tables (Guidelines and tables) D1 b) SARSTax 2000 (Employees Tax Deduction Program) on CD Ι Internet access to download EMP10 tables and SARSTax 2000 updates G No EMP10 tables or SARSTax 2000 FOR OFFICE USE YES NO Indicate if a computer program, other than SARSTax 2000, is used/will be used to calculated PAYE deductible If 'YES', state the name of that Date on which the business commenced/will commence Date on which the person* became/will become liable to be registered for PAYE/UIF

Date on which the person* became/will become liable to be registered for SDL/UIF

6. Business particulars for Skills Development Levy purposes

State main sector and activity																																				
SETA classification codes (Refer	to c	gui	deli	nes	s - S	SD	L 1	0)			SE	TA	со	de				•								Ch	an	ıbe	r/S	SIC	CO	de				
Payroll information																																				
Estimated payroll for the followi	ng 1	12	mo	nth	ре	rio	d											R															\Box			
Number of employees on which	esti	ima	ated	d pa	ayro	oll i	is b	ase	ed .																				T							Γ
Particulars of 5 most	t s	ei	nia	ır	na	art	h	er	s /	m	er	m	he	٩rc	:/(dir	6	cto	or	c/	ςŀ	าลเ	el	ho	ld	er.	s /	tr	114	sta	26					
		٠.		_	P	•••		•	,	•					′, `			-		- ,	٠.		<u> </u>				,									
Initials																																				L
Surname/Company/Close Corporation/Trust/Fund name																																				L
	Ш						L	L	L		L																					L	L		L	L
Income tax number	П						Г	Г	Π	Γ					Ic	lent	ity	nu	ıml	oer																Γ
Registration number of Company	//CC	C/T	rust	t/Fı	und	l nı	ımt	er																	Ī											Ī
Country of residence												T	T		T		T						T	\dagger	Ť	Ť	T	T				T	T	T	T	T
Passport number (non-resident)	$\overrightarrow{\Box}$		\Box						+	+	+	Ť	+		•		1																			
																								FC	R (OFF	ICE	E US	SE:	: R	lea	son	CO	de		
Initials																																			Т	Т
Surname/Company/Close												T	T				T																	H	_	÷
Corporation/Trust/Fund name	\dashv		H						+	+		+	+	+	+	+	+	+		+		+	+	+	+	+	+	+				\vdash	H	\vdash	\vdash	H
	\dashv		\sqsubseteq							<u> </u>	1		1				1					_	+	<u> </u>	+	+		_				L	_	<u> </u>	L	F
Income tax number			Ш						L						Ic	lent	ity	nu	ıml	oer		_	4	4	<u> </u>	_	<u> </u>	4				L	Ļ	Ļ	Ļ	Ļ
Registration number of Company	//CC	C/T	rust	t/Fı	und	l nι	ımt	er																			_					Ļ	Ļ	Ļ	L	Ļ
Country of residence										L																						L	L	L	L	L
Passport number (non-resident)															•									FC	R (OFF	ICE	E US	SE	: R	lea	son	СО	de		
																																				ļ
Initials																																		L	Ļ	Ļ
Surname/Company/Close Corporation/Trust/Fund name	\perp		Щ									1	1	_	4	_	1	4		_		_	4	4	_	4	_	4				Ļ	Ļ	Ļ	Ļ	Ļ
			Ш						L																							L	L		L	L
Income tax number															Ic	lent	ity	nu	ıml	oer					I	I	I									
Registration number of Company	//CC	C/T	rust	t/Fı	und	l nι	ımb	er																												
Country of residence	T											T	T		T		T							Ť	Ī	Ī	Ī						Г		Ī	f
Passport number (non-resident)	Ħ		Ħ						T	Ť	Ť	Ť	Ť	寸	•										ъ.	\	T.C.		C.E.	_						
																								FC	ıK (ノトト	ıCl	: US	oE:	: К	.ea:	son	CO	ue		
Initials																																				Г
Surname/Company/Close											T	T			T									T											T	T
Corporation/Trust/Fund name	\dashv		\Box						+	+		$^{+}$	\dagger	+	\dagger	+	\dagger	\dagger		+		+	\dashv	+	\dagger	\dagger	+	\dashv				H	H	Ħ	t	t
Income tax number	\dashv		\exists						<u> </u>	<u> </u>					Ic	dent	itv	יות	ımı	her			_	_	+	+	<u> </u>	_				H	H	=		F
	./2-	- /-		. /-											10	ıcııl	ıcy	nu	1111	Jei		_	<u> </u>	+	+	<u> </u>	<u> </u>					H	H	<u></u>	H	÷
Registration number of Company	//CC	J/T	rust	t/Fi	und	nı	ımt	er														_	_	_	_	+	_	_				Ļ	Ļ	<u>_</u>	F	Ļ
Country of residence	4		Щ						L	L	Ļ	1	4	_																			L	L		L
Passport number (non-resident)															•									FC	D ()EC	TC!	- 114	CF.			con	-	do		

Initials																																		Γ
Surname/Company/Close																								T		Τ			Τ		T		İ	T
Corporation/Trust/Fund name																																		
Income tax number														Ide	enti	ty n	ıum	bei	r		Ì							Ī	Ì	T	Ť	Ť	Ť	
Registration number of Compar	ıy/C	C/Tr	us	t/Fı	und	nu	mb	er													Ť	Ì	Ť	İ			İ	Ť	İ	Ť	Ť	Ť	Ť	T
Country of residence																															T			T
Passport number (non-resident)													•																				
																						,	-OR	(OI	-110	JE (JSE	:: 1	кеа	isor	n c	ode		
Particulars of repr	ese	ent	:a	tiv	⁄e	eı	ոլ	olo	ye	er																								
- Initials									Ī																								T	
Surname															T		<u> </u>														T		+	
Juillaille									+		+		+																H		+		+	
				c .			Tr	ueta	20/0	^االح	ato	r/Lic	uid	lator		1	_										٨٠٠		nt:	200	Off	icc	for	-
Capacity	Pul	blic	Off	rice	r	Ţ	ır	/ Ex	(eci	utor	r/A	dmir	nist	rato	2		Pa	rtn	er	3		Tre	asu	rer	4		lo	cal	ntii /pu	ıblio	c a	uth	for ority	5
Physical address (not postal box number - must be a South African																																		
address)													_																L					
																													L		L			
																											Pos	stal	co	de				
Contact telephone number																				0	D	Е		_	Т									
Cellular phone number																														Π			Τ	
E-mail address										T			T		Τ						Т		Π	Т						Т	T	Τ	T	
E-mail address																																		
	rna	al a	au	ıdi	ito	or/	′b	00	kk	æ	ep	er,	/a	CCC	oui	nta	an	t ((wh	ner	e a	pp	lica	ble	:)									
. Particulars of exte	rna	al a	3 L	ıdi	ito	or/	'b	00	kk	æ	еp	er,	/a	cco	ou	nta	an	t ((wh	ner	e a	pp	lica	ble	:)									
. Particulars of exte	rna	al a	au	ıdi	ito	or/	'b	00	kk	æ	ep	er,	/a	cco	oui	nta	an	t ((wh	ner	e a	pp	lica	ble	2)									
. Particulars of exte	rna	al a	au	ıdi	ito	or/	/b	00	kk	æ	ер	er	/a	CCG	ou!	nta	an	t ((wh	ner	e a	pp	lica	ble	2)									
. Particulars of exte Initials Surname/Company name	rna	al a	at	udi	ito	or/	'bo	000	kk	«ee	ep.	er	/a	CCC	Dul	nta	an	t ((wh	ner	e a	pp	lica	ible	2)									
E-mail address Particulars of exte Initials Surname/Company name Postal address	rna	al a	al	udi	ito	or/	'bo	00	kk	«ee	ep	er,	/a	CCC	Dui	nta	an	t ((wh	ner	e a	pp	lica	ible										
. Particulars of exte Initials Surname/Company name	rna	al a	au	ıdi	ito	or/	'bo	00	kk	(ee	ep	er,	/a	ccc	Dui	nta	an	t ((wh	ner	e a	pp	lica	ible)									
. Particulars of exte Initials Surname/Company name	rna	al a	au	udi	ito	or/	'be	00	kk	(ee	ep	er,	/a	CCC	Dui	nta	an	t ((wh	ner	e a	pp	lica	ble			Pos	sta	l co	ode				
Particulars of exterminitials Surname/Company name Postal address	rna	al a	al	ıdi	ito	or/	'bı		kk	(86	ep	er,	/a	ccc	Dui	nta	an	t ((wh	ner	e a	pp	lica	ible			Pos	sta	I co	ode				
Practice number	rna	al a	au	udi	ito	or/	'be		kk	(ee	ep	er,	/a	CCC	Dui	nta	an	t ((wh				lica	ible	;)		Pos	sta	II co	ode				
. Particulars of exterminitials Surname/Company name Postal address Practice number Contact telephone number	rna	al a	au	udi	ito	Dr/	'bo		kk	(ee	ep	er,	/a	CCG	Dui	nta	an	t (lica	ible) 		Pos	sta	II co	ode				
Practice number Contact telephone number Cellular phone number	rna	al a	au	ıdi	ito	or/	'b'		kk	(0)	ep	er,	/a	ccc	Dui	nta	an	t (lica	ible			Pos	sta		ode				
Practice number Contact telephone number Cellular phone number	rna	al a	au	udi	ito		/bo		kk	(ee	ep	er,	/a	ccc	Dui	nta	an	t (lica	ble		E	Pos	sta	I co	ode				
Practice number Contact telephone number Cellular phone number E-mail address																nta	an	t (lica	ible			Pos	sta		ode				
Particulars of exterminitials Surname/Company name Postal address Practice number Contact telephone number Cellular phone number E-mail address Particulars of bank																nta	an	t (lica	ble			Pos	sta		ode				
Practice number Contact telephone number Cellular phone number E-mail address																nta	an	t (lica	ible			Pos	sta		ode				
Practice number Contact telephone number E-mail address Particulars of bank Name of account holder																nta			С				lica											
Particulars of exterminitials Surname/Company name Postal address Practice number Contact telephone number Cellular phone number E-mail address Particulars of bank																nta			С				lica			gs	Pos					niss	ion	3

12. Attachments required of person applying for registration

Please tick blocks for the docum	nents attached. For office use
Documents to be submitted	Letter of appointment as external auditor/bookkeeper/accountant or CM31 if Part 7 Is completed
with all applications	Latest bank statement or original cancelled cheque or letter from your banker
	Recent copy of the business municipal account or copy of lease agreement to confirm the physical
	business address or confirmation of physical business address by representative employer Certified copy of the identity document of the representative employer or work permit if non-resident
Additional attachment	
Individual	Certified copy of the identity document of the individual
	Certified copy of the identity document of the spouse if married in community of property
Partnership	Certified copies of the identity documents of the 5 most senior partners of the partnership
	Partnership agreement in writing. If verbal agreement, please complete and attach the EMP128
Company/Close Corporation	Certified copies of the identity documents of 5 most senior directors/members/shareholders
	Certified copy of the Founding statement, CK1 or CK2.
	Certified copies of Certificate of Incorporation (CM1)
	Contents of register of Directors (CM29)
Local Authority/Public	Labbard of the Level Authority (Dublic Authority)
Authority	Letterhead of the Local Authority/Public Authority
Association not for gain	Constitution or memorandum of body applying for registration
· ·	
Estate/Liquidation/Trust	Letter of Authority and the Trust deed
Club	Constitution of the club.
Welfare Organisation	Proof of registration in terms of Non-profit Organisations Act 71 of 1997
	Certified copy of the constitution of the welfare Organisation
	Certified copy of the constitution of the welfare Organisation
13. Declaration by emp	nlover
13. Deciaration by emp	pioyei
Have you complied with your ob	bligations in terms of other Acts administered by SARS? YES NO
	r/representative employer completing this form er/representative employer and that the information furnished herein is true and correct and that all required
	Y Y C C M M D D
Name	Signature Capacity Date
	ssisting the employer/representative employer with the completion of this form ployer/representative employer with the completion of this form and that the information furnished herein is true by the Employer.
	Y Y C C M M D D
Name	Signature Capacity Date
For office use	
Edited by:	
	Y Y C C M M D D
Initials an	nd Surname Signature Date